MassHealth

Guide to Remittance Advice and Electronic Equivalents for Claim Form No. 9

Executive Office of Health and Human Services
MassHealth
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Introduction

The following information describes in detail the paper remittance advice that MassHealth issues to providers in response to claims submitted on the paper claim form no. 9, or its electronic equivalent. For instructions on submitting paper claims on the claim form no. 9, see the MassHealth Billing Guide for Paper Claim Form No. 9. For information about billing electronically, see the applicable MassHealth companion guides. For general administrative and billing instructions, see Subchapter 5 of your MassHealth provider manual.

General Explanation of Remittance Advice

For each pay cycle ("run"), MassHealth issues a remittance advice to affected providers to explain the status of claims that were processed. It lists paid, denied, suspended, adjusted, voided, and pended claims that were processed on that run. Claims within each status are sorted first by earliest date of service, second by patient account number, and third by the member's last name. If the provider has not elected to have payments transferred directly into a bank account through electronic funds transfer (EFT), a check for the total amount of paid claims represented on the remittance advice will be mailed separately.

MassHealth uses the first page of the remittance advice to send important messages to providers. These messages may contain billing and payment information, as well as other topics. These updates should be shared with all appropriate staff. Remittance advice messages may apply to all providers or to certain types of providers (for example, physicians or hospitals). These messages are also posted on the MassHealth Web site at www.mass.gov/masshealth. Click on MassHealth Regulations and Other Publications, then on Provider Library, then on Remittance Advice Message Text.

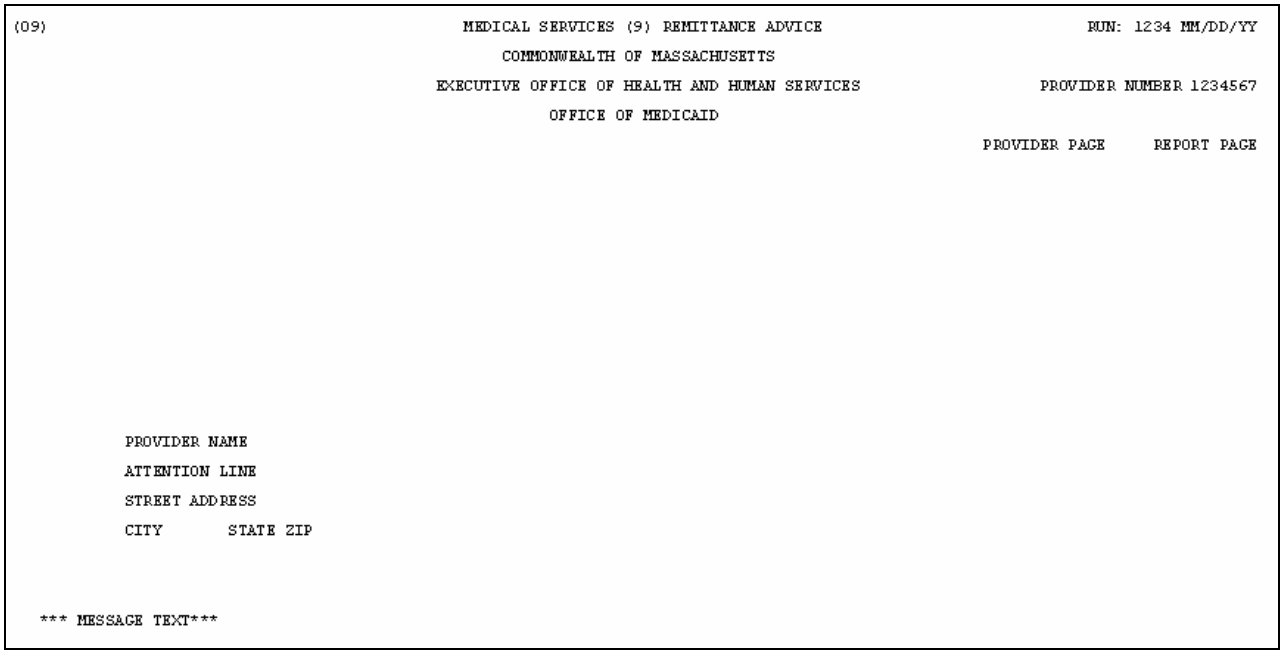
These instructions contain the following information about the remittance advice:

- a sample cover page of the remittance advice;
- an item-by-item key to identify the location and type of information found on the remittance advice;
- an explanation of the information on the remittance advice relating to the status of each claim, including examples of paid, denied, suspended, and pended claims;
- an explanation of the information on the remittance advice relating to the different kinds of claims-processing requests, including requests for payment, adjustments, voids, and returned monies; and
- examples of remittance advices.

The error codes that may appear on the paper remittance advice and their definitions are listed and explained in Subchapter 5 of your MassHealth provider manual.

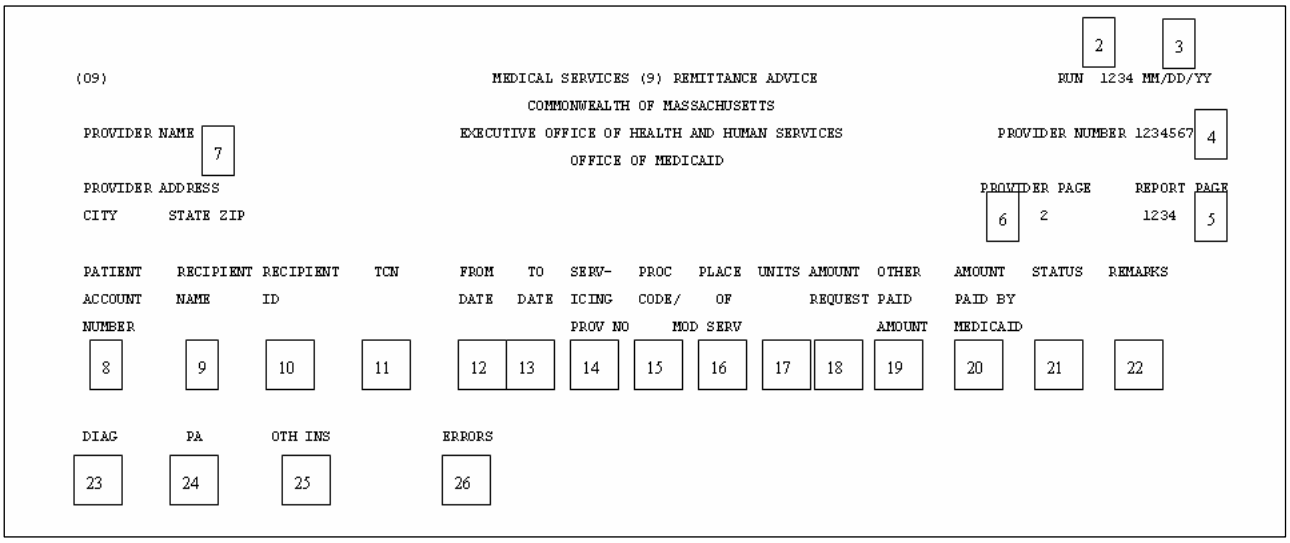
Sample Cover Page of the Remittance Advice

Pictured below is a sample cover page of the remittance advice used to report the status of all claims submitted on the MassHealth claim form no. 9 and its electronic equivalents. The cover page will include message text, if applicable.



Item-by-Item Explanation of the Remittance Advice

Pictured below is a sample of the claim detail of the remittance advice.



Item-by-Item Explanation of the Remittance Advice (cont.)

Top of Advice

Field No.	Field Data	Description
1	Invoice Type	This is the MassHealth claim form number used for your claim submissions. Electronic submissions are translated to the corresponding MassHealth claim form type.
2	Run	This is the number identifying the specific processing cycle.
3	Date	This is the date (MM/DD/YY) the remittance advice was printed.
4	Provider Number	This is the pay-to provider number.
5	Report Page	This is the page number of the total computer printout.
6	Provider Page	This is the sequential page number of the remittance advice.
7	To	This is the legal entity's name and the check-mailing address.

Claim Lines

8	Patient Account Number	This is the patient account number entered on the claim.
9	Recipient Name	Members' names are listed by month of service within each claim status and alphabetically by last name. If the member identification number is not on the member eligibility file, or if the number is incorrect, "NM NOT AVAIL" appears in this field.
10	Recipient ID	This is the member identification number that was entered on the claim.
11	TCN	This is a unique 10-character number assigned to each claim line. The transaction control number (TCN) is assigned when a claim is received. It is used to identify a claim for adjustments, resubmittals, and records research. Below is an explanation of each digit in two types of TCNs. Electronic claims are identified by an alpha character in the fifth position of the TCN. **Examples:** 612302743A and 6123A2743A

Last Digit of Current Calendar Year	Julian Date Claim Is Received	MMIS Batch Number	Claim Number within Batch	Line on Claim Form
6	123	027	43	A
6	123	A27	43	A
(2006)	(May 3)	(Batch #27)	(Claim #43)	(Claim Line A)

12	From Date	This is the first date of service.
13	To Date	This is the last date of service.

Item-by-Item Explanation of the Remittance Advice (cont.)

Field No.	Field Data	Description
14	Servicing Prov. No.	This is the MassHealth provider number of the provider that performed the service.
15	Proc Code/Mod	This is the service code and, if applicable, the modifier entered on the claim.
16	Place of Serv	This is the code entered on the claim that indicates the place of service.
17	Units	This is the number of consecutive days, number of service items, or number of time units billed on the claim.
18	Amount Requested	This is the charge entered on the claim for the service.
19	Other Paid Amount	This is the amount entered on the claim that was paid by other health insurance, if applicable.
20	Amount Paid by Medicaid	This appears for paid, adjusted, and pended claims only and is the Medicaid amount paid by MassHealth. Positive amounts are amounts paid by MassHealth. A positive payment results from the submission of a claim approved for payment or from an accepted adjustment of a previously paid or pended claim. Negative amounts are amounts owed by the provider to MassHealth. A negative amount is generated by an adjustment to, or a void of, a previously paid or pended claim that resulted in an overpayment.
21	Status	This reports the status of the claim, adjustment, resubmittal, void, or returned monies: PAID – The claim is paid. DENIED – The claim is not paid. SUSPEND – The claim must be reviewed to determine status. ACCEPTED – The void claim is accepted $ AMOUNT – For a recoupment (RECOUP appears in the Remarks section), this is the dollar amount of the original payment. For a debit adjustment (DBADJ appears in the Remarks), this is the amount of the original payment. For a credit adjustment (CRADJ), this is the amount of the recalculated payment. RETURNED CHECK AMOUNT – Denotes a returned money void.
22	Remarks	This field contains additional information about the claim being processed, and returned monies description: ORIG – Denotes original claim. RESUB – Denotes resubmittal of a previously denied claim. DBADJ – Denotes the original claim payment. CRADJ – Due to an adjustment, the amount previously paid is recalculated.

Item-by-Item Explanation of the Remittance Advice (cont.)

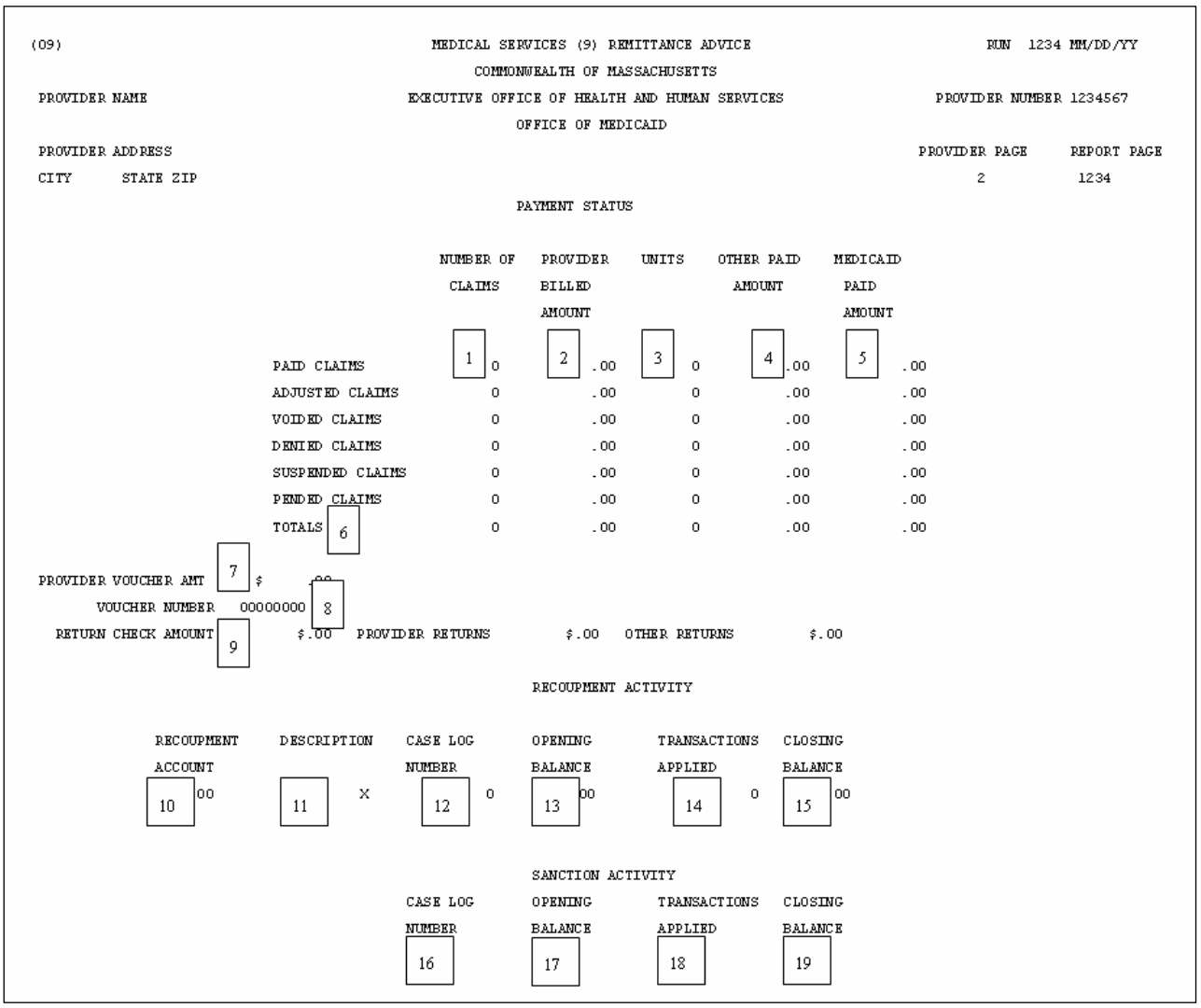
Field No.	Field Data	Description
22	Remarks (cont.)	FISCPEND – The claim is pending payment for fiscal reasons. RELFISC – The claim is released from fiscal pend. PPR – Denotes post payment review (PPR) pend (indicates the case log number). REL – The claim has been released from PPR pend (indicates the case log number). RECOUP – The payment amount has been subtracted to satisfy an amount owed to MassHealth for an overpayment or a duplicate payment of claims. TAPE – The claim was submitted electronically. TPL-18 – Denotes collection from title XVIII (Medicare Part A). TPL-18-B – Denotes collection from title XVIII (Medicare Part B). TPL-INS – Denotes collection from health insurance. TITLE 18 – Denotes return from Medicare, but undetermined if Part A or B. The following remarks are indicated only for returned money, zero-paid adjustments, and returned money voids: TPL-INS – Denotes collection from health insurance. TPL-ACC – Denotes collection from casualty insurance, workers' compensation, auto accident, etc. RET-PROV – Money was returned because it was paid to the wrong provider. RET-RECP – Money was returned because it was paid for the wrong member. RET-ERR – The provider billed the service before the service dates or the service was not delivered. RET-DUPA – The money was returned because of a duplicate payment. RET-DUPB – The provider billed twice. RET-CRADJ – Denotes collection from credit balance on member accounts. RET-OVER – The provider was paid more than the amount billed. RET-PART – the provider performed only a component of the service billed. RET-OTH – Money was returned for other reasons. VOID – Denotes void to a previously paid claim. VOIDNOCK – Denotes void to a previously paid claim without a return check.

Item-by-Item Explanation of the Remittance Advice (cont.)

Field No.	Field Data	Description
22	Remarks (cont.)	REMARKS (last character). The last character of the remarks "code" indicates the following conditions. M – The claim was manually reviewed. P – The claim was pended. R – The claim was for returned money. S – The claim was suspended.
23	Diag	If applicable, this is the principal ICD-9-CM diagnosis code that was entered on the claim.
24	PA	If applicable, this is the prior-authorization number that was entered on the claim.
25	Oth Ins	The TPL carrier code representing the explanation of benefits (EOB) from another insurance will appear in this field if an EOB from the other insurance was submitted.
26	Errors	If applicable, the error codes that caused the claim to be suspended or denied will be shown here. See Part 6 of Subchapter 5 of your MassHealth provider manual for a complete list of error codes and their definitions.

Item-by-Item Explanation of the Remittance Advice Total Page

Pictured below is a sample total page of the MassHealth remittance advice. Field descriptions begin on page 8.



(09) MEDICAL SERVICES (9) REMITTANCE ADVICE RUN 1234 MM/DD/YY

COMMONWEALTH OF MASSACHUSETTS

PROVIDER NAME EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES PROVIDER NUMBER 1234567

OFFICE OF MEDICAID

PROVIDER ADDRESS PROVIDER PAGE REPORT PAGE

CITY STATE ZIP 2 1234

PAYMENT STATUS

	NUMBER OF CLAIMS	PROVIDER BILLED AMOUNT	UNITS	OTHER PAID AMOUNT	MEDICAID PAID AMOUNT
	1	2	3	4	5
PAID CLAIMS	0	.00	0	.00	.00
ADJUSTED CLAIMS	0	.00	0	.00	.00
VOIDED CLAIMS	0	.00	0	.00	.00
DENIED CLAIMS	0	.00	0	.00	.00
SUSPENDED CLAIMS	0	.00	0	.00	.00
PENDED CLAIMS	0	.00	0	.00	.00
TOTALS 6	0	.00	0	.00	.00

PROVIDER VOUCHER AMT 7 $ .00

VOUCHER NUMBER 00000000 8

RETURN CHECK AMOUNT 9 $.00 PROVIDER RETURNS $.00 OTHER RETURNS $.00

RECOUPMENT ACTIVITY

RECOUPMENT ACCOUNT	DESCRIPTION	CASE LOG NUMBER	OPENING BALANCE	TRANSACTIONS APPLIED	CLOSING BALANCE
10 00	11 X	12 0	13 00	14 0	15 00

SANCTION ACTIVITY

CASE LOG NUMBER	OPENING BALANCE	TRANSACTIONS APPLIED	CLOSING BALANCE
16	17	18	19

Item-by-Item Explanation of the Remittance Advice Total Page (cont.)

Payment Status

Field No.	Field Data	Description
1	Number of Claims	These are the totals of the number of claims within each of the following six categories of claim status. • paid claims; • adjusted claims; • voided claims; • denied claims; • suspended claims; and • pended claims.
2	Provider Billed Amount	These are the totals of the amounts billed by the provider for each of the six categories of claim status.
3	Units	These are the totals of the number of payable days or units for each of the six categories of claim status.
4	Other Paid Amount	These are the totals of the amounts paid by other health insurance for each of the six categories of claim status, when applicable.
5	Medicaid Paid Amount	These are the totals of the amounts paid by MassHealth for each of the six categories of claim status.
6	Totals	These are the totals for Items 1 through 5 listed above.
7	Provider Voucher Amt	This is the amount of the payment check or electronic funds transfer, when applicable.
8	Voucher Number	This is the number of the payment issued to the provider.
9	Returned Check Amount	This is the total amount of payment the provider returned to MassHealth, if applicable.

Item-by-Item Explanation of the Remittance Advice Total Page (cont.)

Recoupment Activity

Field No.	Field Data	Description
10	Recoupment Account	This code identifies the type of activity for the recoupment account for this processing cycle. ***Note:*** If the recoupment account code G, H, or I appears in this item, a separate check for the recouped amount has been issued to the appropriate government agency. When checks are issued as part of recoupment activity, the check numbers are printed in the lower-right margin of the remittance advice.
11	Description	This is a description of the recoupment account with activity this processing cycle, if applicable.
12	Case Log Number	This is the case log number assigned to the postpayment review recoupment account with activity this processing cycle, if applicable.
13	Opening Balance	This is the balance of the recoupment account at the beginning of this processing cycle, if applicable.
14	Transactions Applied	This is the amount of claims activity applied to the recoupment account this processing cycle, if applicable.
15	Closing Balance	This is the balance of the recoupment account at the end of this processing cycle, if applicable.

Code	Description
A	Special payments - current claim
B	Special payments - retro claims
D	Retro decrease
E	Program Review Recoveries (PRR)
F	Overpayments
G	Department of Revenue
H	Department of Employment Security
I	Internal Revenue Service
J	Vendor error
K	PPR overpayment
L	PRR
M	PRR - Medicare recoveries
N	PRR - Non-Medicare recoveries
P	Prospective interim payment
R	Financial compliance
ZZ	Medicare recovery

Item-by-Item Explanation of the Remittance Advice Total Page (cont.)

Sanction Activity

Field No.	Field Data	Description
16	Case Log Number	This is the case log number assigned to the sanction activity during this processing cycle, if applicable.
17	Opening Balance	This is the balance of the sanction account at the beginning of this processing cycle, if applicable.
18	Transactions Applied	This is the amount of claims activity applied to the sanction account this processing cycle, if applicable.
19	Closing Balance	This is the balance of the sanction account at the end of this processing cycle, if applicable.

Examples of Claim Lines on the Remittance Advice

Example of a Paid Claim

In this example, services were furnished to eligible MassHealth member John Doe on July 1, 2005. The total charges are in accordance with the MassHealth allowable amount for this service code.

```
PATIENT    RECIPIENT RECIPIENT    TCN        FROM    TO    SERV-   PROC     PLACE  UNITS AMOUNT  OTHER    AMOUNT   STATUS   REMARKS
ACCOUNT    NAME      ID                      DATE    DATE  ICING   CODE/    OF            REQUEST PAID     PAID BY
NUMBER                                                   PROV NO     MOD   SERV                  AMOUNT   MEDICAID
01234ABC    DOE JOH  0123456789 512345678A  070105 070105 1234567 12345 AB  00      1    10000      00    10000     PAID     (ORIG)
   DIAG 0123   PA AB1234    OTH INS 001 002     ERRORS
```

Example of a Denied Claim

In this example, services were furnished to eligible MassHealth member John Doe on July 1, 2005. Two claims for the same service were mistakenly submitted. The second (current) submission was denied with error code 103. (See Part 6 of Subchapter 5 of your MassHealth provider manual for a complete description of the error code.) The previously paid claim appears on the following line as a "Conflicting Claim" with the run number of the remittance advice on which it appeared.

```
PATIENT    RECIPIENT RECIPIENT    TCN        FROM    TO    SERV-   PROC     PLACE  UNITS AMOUNT  OTHER    AMOUNT   STATUS   REMARKS
ACCOUNT    NAME      ID                      DATE    DATE  ICING   CODE/    OF            REQUEST PAID     PAID BY
NUMBER                                                   PROV NO     MOD   SERV                  AMOUNT   MEDICAID
01234ABC    DOE JOH  0123456789 512345678A  070105 070105 1234567 12345 AB  00      1    10000      00    10000     DENIED   (ORIG)
   DIAG 0123   PA AB1234    OTH INS 001 002     ERRORS  103
01234ABC    DOE JOH  0123456789 512345699B  070105 070105 1234567 12345 AB  00      1    10000      00    10000     PAID     (ORIG)
   DIAG 0123   PA AB1234    OTH INS 001 002     ERRORS  CONFLICTING CLAIM RUN 1233
```

Example of a Suspended Claim

In this example, care was furnished to MassHealth member John Doe on July 1, 2005. When the provider billed MassHealth for the service, the claim was suspended with error code 246, which means that the member identification number entered on the claim belongs to a member who is ineligible on the date of service entered on the claim. (See Part 6 of Subchapter 5 of in your MassHealth provider manual for a complete description of the error code.) According to the MassHealth member eligibility file, John Doe was not eligible for MassHealth on the date of service. The claim will be recycled for up to 30 days to allow for possible updates to the eligibility file.

```
PATIENT    RECIPIENT RECIPIENT    TCN        FROM    TO    SERV-   PROC     PLACE  UNITS AMOUNT  OTHER    AMOUNT   STATUS   REMARKS
ACCOUNT    NAME      ID                      DATE    DATE  ICING   CODE/    OF            REQUEST PAID     PAID BY
NUMBER                                                   PROV NO     MOD   SERV                  AMOUNT   MEDICAID
01234ABC    DOE JOH  0123456789 512345678A  070105 070105 1234567 12345 AB  00      1    10000      00    10000     SUSPEND (ORIG)
   DIAG 0123   PA AB1234    OTH INS 001 002     ERRORS  246
```

Examples of Claim Lines on the Remittance Advice (cont.)

Example of a Postpayment Review (PPR) Pended Claim

In this example, it was determined that $100.00 was payable for this claim; however, payment is being withheld as a result of a Notice of Withhold. See 130 CMR 450.249. A withhold inhibits the release of current payments to a provider. This claim may be released for payment when a resolution is reached between the provider and MassHealth, or the amount owed is finally adjudicated, and all due amounts have been recovered.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	SERV-ICING PROV NO	PROC CODE/ MOD	PLACE OF SERV	UNITS	AMOUNT REQUEST	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070105	070105	1234567	12345 AB	00	1	10000	00	10000		(PPRU1234)
DIAG 0123	PA AB1234	OTH INS 001 002	ERRORS											

Examples of Adjustments

An adjustment is indicated on a remittance advice by a debit-credit transaction. The debit (DBADJ) line reflects the original claim, and the corresponding status field contains the amount originally paid. The credit (CRADJ) line reflects the adjustment to the original claim, and the corresponding status field contains the amount that should have been paid. The amount in the "Amount Paid by Medicaid" column represents the difference between these two amounts. This amount will be zero if the adjustment did not change the original payment. If the amount is negative, it will be deducted from current payments. If the amount is positive, it will result in an additional payment for the claim.

The following examples illustrate situations when adjustments result in (1) a negative amount, (2) a positive amount, and (3) no change to the payment (zero adjustment).

Example of a Negative Amount Adjustment

In this example, a change in the number of units from two to one resulted in a reduction of the amount paid by MassHealth. This change established an overpayment of $50.00 ($100.00 minus $50.00) for the original claim that had been paid to the provider. The provider should have been paid $50.00. The $50.00 overpayment will be deducted from the total amount of paid claims on the remittance advice.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	SERV-ICING PROV NO	PROC CODE/ MOD	PLACE OF SERV	UNITS	AMOUNT REQUEST	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070105	070105	1234567	12345 AB	00	1	5000	00	5000-	5000	(CRADJ)
DIAG 0123	PA AB1234	OTH INS 001 002	ERRORS											
01234ABC	DOE JOH	0123456789	512345678A	070105	070105	1234567	12345 AB	00	2	10000			10000-	(DBADJ)
DIAG 0123	PA AB1234	OTH INS 001 002	ERRORS											

Examples of Claim Lines on the Remittance Advice (cont.)

Example of a Positive Amount Adjustment

In this example, a change in the units from one to two resulted in an increase in the amount paid by MassHealth. This change established an underpayment of $50.00 ($100.00 minus $50.00 original payment) for the provider. As a result, MassHealth pays an additional $50.00 to the provider.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	SERV-ICING PROV NO	PROC CODE/ MOD	PLACE OF SERV	UNITS	AMOUNT REQUEST	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070105	070105	1234567	12345 AB	00	2	10000		50000	10000	(CRADJ)
DIAG 0123	PA AB1234	OTH INS 001 002	ERRORS											
01234ABC	DOE JOH	0123456789	512345678A	070105	070105	1234567	12345 AB	00	1	5000			5000-	(DBADJ)
DIAG 0123	PA AB1234	OTH INS 001 002	ERRORS											

Example of a Zero-Payment Adjustment

In this example, a change in the date of service did not change the original payment amount.

PATIENT ACCOUNT NUMBER	RECIPIENT NAME	RECIPIENT ID	TCN	FROM DATE	TO DATE	SERV-ICING PROV NO	PROC CODE/ MOD	PLACE OF SERV	UNITS	AMOUNT REQUEST	OTHER PAID AMOUNT	AMOUNT PAID BY MEDICAID	STATUS	REMARKS
01234ABC	DOE JOH	0123456789	512345678A	070205	070205	1234567	12345 AB	00	1	10000		50000	10000	(CRADJ)
DIAG 0123	PA AB1234	OTH INS 001 002	ERRORS											
01234ABC	DOE JOH	0123456789	512345678A	070105	070105	1234567	12345 AB	00	1	10000		50000	10000-	(DBADJ)
DIAG 0123	PA AB1234	OTH INS 001 002	ERRORS											

Example of a Void

A void transaction is reported on a remittance advice to correct and report any one of the following situations:

- duplicate claim erroneously paid;
- payment to wrong provider;
- payment for wrong member;
- payment in excess of the maximum allowable MassHealth amount;
- payment for overstated services; or
- payment for services for which payment has been received from one or more third-party payers.

A void transaction always results in a negative amount to reverse the original claim. These voids do not represent the return of owed monies. Therefore, they are treated as an overpayment and are deducted from current payments.

Examples of Claim Lines on the Remittance Advice (cont.)

In this example, a payment of $100.00 was issued to the wrong provider for a claim for John Doe. This claim is voided and this provider's current payments are reduced until the total amount of $100.00 is recovered.

```
PATIENT    RECIPIENT RECIPIENT    TCN        FROM    TO    SERV-   PROC     PLACE  UNITS AMOUNT  OTHER    AMOUNT   STATUS    REMARKS
ACCOUNT    NAME      ID                      DATE    DATE  ICING   CODE/    OF            REQUEST PAID     PAID BY
NUMBER                                                   PROV NO     MOD  SERV                  AMOUNT   MEDICAID
01234ABC    DOE JOH  0123456789 512345678A  070105 070105 1234567 12345 AB   00     2    10000           10000-    ACCEPTED (VOID)
   DIAG 0123   PA AB1234    OTH INS 001 002     ERRORS
```

Recoupment/Recovery Information

When a claim adjustment or a void results in an overpayment, a negative amount appears in the "Amount Paid by Medicaid" column on the remittance advice. These negative amounts are subtracted from the provider's current payment. If a negative balance is still outstanding, it is carried forward as an outstanding recoupment account. This activity is reported on the remittance advice and will appear under "Remarks."

Monies owed by a provider will be deducted by MassHealth from future claim payments.

MassHealth may be required to make payment to federal or state authorities when served with a levy upon payments due to a MassHealth provider. In these instances, a recoupment account for the amount of the levy is established for one processing cycle. Levy amounts are recouped from current payments. This activity is reported on the remittance advice. Payments are sent to the proper federal or state authority.

Example of a Recoupment/Recovery

In this example, a recoupment in the amount of $100.00 was reported. On this remittance advice, $50.00 was applied, leaving a balance due of $50.00. The balance will be applied against the next payment made to the provider.

```
                                                RECOUPMENT ACTIVITY

RECOUPMENT  DESCRIPTION      CASE LOG          OPENING     TRANSACTIONS        CLOSING
ACCOUNT                      NUMBER            BALANCE     APPLIED             BALANCE
A      SPECIAL PAYMENTS-CUR                      100.00         50.00             50.00
```

Additional Information

For more information about submitting claims, consult the administrative and billing instructions in Subchapter 5 of your MassHealth provider manual. For MassHealth contact information, consult Appendix A of your MassHealth provider manual. Subchapter 5 and Appendix A are both available on the Web. Go to www.mass/gov/masshealth and click on MassHealth Regulations and Other Publications.